

Appendix A: Mandatory Respirator Use – Fit Testing Authorization

Return this signed form to the Safety and Risk Management Office (safety@wcu.edu or via intercampus mail to Facilities Management – Safety Office).

When the form is received, you will be enrolled in the online medical evaluation system. When the medical questionnaire is completed, you will be notified by the Safety and Risk Management Office to conduct the fit-testing for your respirator.

Employee Name	
Employee Email	
Employee 92#	
Employment Status (Faculty, Staff, Graduate Student, Student Worker)	
Department	
Supervisor Name	
Supervisor Email	

Type of Respirator Used (filtering facepiece N95, half mask, full face mask, etc):

Reason for Respirator Use (describe work activities and conditions):

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Billing Account: _____

(For Medical Evaluation Fee)

Department Billing Contact: _____ Phone: _____